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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Mozambique
Support for a population programme

Proposed UNFPA assistance:	$12.1 million, of which $6.9 million would be committed from UNFPA's regular resources. UNFPA would seek to provide the balance of $5.2 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government's contribution:	To be determined
Duration:	Three years
Estimated starting date:	January 1995
Executing agencies:	Government of Mozambique United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agency:	National Planning Commission

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Mozambique

Demographic facts

Population (000)		Average annual change (000)	
Total	16,004	Population increase	597
Males	7,902	Births	746
Females	8,102	Deaths	309
Sex ratio (/100 females)	97.5	Net migration	160
Urban	5,481	Annual population total (% growth)	3.42
Rural	10,523	Urban	7.06
Per cent urban	34.2	Rural	1.23
Population in year 2000 (000)	18,991	Crude birth rate (/1000)	42.6
Functional age groups (%)		Crude death rate (/1000)	17.6
Young child: 0-4	17.8	Net migration rate (/1000)	9.1
Child: 5-14	26.9	Total fertility rate (/woman)	6.06
Youth: 15-24	18.5	Contraceptive prevalence rate (% 15-44)	..
Elderly: 60+	5.2	Gross reproduction rate (/woman)	2.99
65+	3.3	Net reproduction rate (/woman)	2.11
Percentage of women aged 15-49	44.8	Infant mortality rate (/1000)	136
Median age (years)	17.6	Maternal mortality rate (/100,000)	..
Dependency ratios: total	92.3	Life expectancy at birth (years)	
(/100) Aged 0-14	86.1	Males	45.4
Aged 65+	6.3	Females	48.3
Agricultural population density (/hectare of arable land)	3.9	Both sexes	46.8
Population density (/sq. km.)	20.0	GNP per capita (U.S. dollars, 1992)	60

Sources: Population density on arable land is derived from The State of Food and Agriculture 1991 issued by the Food and Agriculture Organization of the United Nations; gross national product per capita: World Bank, World Development Report 1994. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1995; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of Economic and Social Information and Policy Analysis of the United Nations, World Population Prospects: The 1994 Revision. Figures for urban-rural average annual change are from World Urbanization Prospects: The 1994 Revision and are five-year averages for 1990-1995. Figures for maternal mortality are for 1980-1990; figures for contraceptive prevalence rates are for currently married women aged 15-44. Both are from table 5 of World's Women: Trends and Statistics, 1970-1990, New York, United Nations, 1991 (ST/ESA/STAT/SER.K.8). Two dots (..) indicate that data are not available.

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I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a population programme in the amount of $12.1 million, of which $6.9 million would be committed from UNFPA's regular resources, over a three-year period, starting in January 1995, to assist the Government of Mozambique in achieving its population and development objectives. UNFPA would seek to provide the balance of $5.2 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. This would be UNFPA's fourth cycle of assistance in Mozambique.

2. The proposed programme is based on: (a) the "Report of the Seminar for the Preparation and Development of Strategies for a Population Programme in Mozambique" (April 1994); (b) the "Mozambique National Report on Population and Development" presented to the International Conference on Population and Development (ICPD) in September 1994; (c) the findings and recommendations of a Programme Review and Strategy Development (PRSD) mission that visited Mozambique in May/June 1994; (d) consultations and discussions with officials of the concerned ministries in Maputo as well as with the representatives of United Nations agencies, bilateral agencies and non-governmental organizations (NGOs) at work in Mozambique.

3. Mozambique's population is estimated at 16 million, and the rate of growth has been increasing over the last few decades; currently it is estimated to be growing at the rate of 3.4 per cent a year. The total fertility rate is 6 children per woman, and an estimated 45 per cent of the population is below age 15. The urban population is growing at a much faster rate than the population as a whole: the proportion of the population living in urban areas increased from 7 per cent in 1960 to an estimated 27 per cent today. It is feared that the return of refugees from neighbouring countries with relatively high prevalence rates of HIV/AIDS will result in an increasingly rapid spread of HIV/AIDS.

4. UNFPA's proposed programme has been formulated with the knowledge that Mozambique is currently undergoing profound political, economic and social transformations. The 15-year-long civil war has just been concluded, and the country is changing its centrally-planned economy to one based on market forces at the same time that it is trying to institute a multi-party democracy and to decentralize the administrative system. This is all taking place against the backdrop of a situation where the country's already inadequate infrastructure has been devastated. The war has resulted in large displacements of population, including refugees to neighbouring countries, and their resettlement has profound implications for the overall demographic situation.

5. Given the profound social, political, economic and administrative transformations that are taking place in the country, the proposed three-year cycle of UNFPA assistance to Mozambique would serve as a transition period. This period will coincide with the first few years of the anticipated multi-party democratic governance and more or less with the first phase of the National Reconstruction Plan focusing on emergency assistance and rehabilitation. During this transition period, UNFPA would continue to provide support for those activities of the previous programme that had been effective. Other activities would be scaled down and implemented in one pilot province. At the national level, the programme would concentrate on three objectives: strengthening the country's management and

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technical capability in the areas of reproductive health and family planning (RH/FP); making the necessary preparations for the national population census in 1997; and developing a national population policy. In addition, UNFPA would assume the responsibility for meeting the country's needs for injectable contraceptives over the next three years.

6. UNFPA's activities would be closely coordinated with those of other major external-assistance organizations, especially the United States Agency for International Development (USAID), which has just concluded a three-year programme of assistance that allocated $29.5 million for health and population activities and which has assumed responsibility for supplying the country with all types of contraceptives except injectables, and the Danish International Development Agency (DANIDA), which has allocated $6 million for reproductive health and family planning activities for the period 1993-1996. In addition, both Austria and Denmark have provided support for UNFPA-funded projects, and this is expected to continue.

II. BACKGROUND

7. The population of Mozambique has been increasing rapidly, from 6.2 million in 1950 to 12.1 million in 1980 and to an estimated 16.0 million in 1995. It is projected to increase to 18.9 million by the year 2000 and to 39.0 million by the year 2030. The rate of growth of the population has also been increasing, from an average of 1.9 per cent a year in the 1950s to 2.8 per cent a year in the first half of the 1980s and to an estimated annual rate of 3.4 per cent for the 1990s. The crude birth rate has remained virtually unchanged for the past four decades at about 43 per 1,000. The total fertility rate is estimated at 6 for the period 1990-1995. The population is very young: an estimated 45 per cent is under the age of 15. Females constitute 50.6 per cent of the total population.

8. Mozambique has a long tradition of internal and external migration. Internally, migration has been to seaports and to cities along the railway lines. As a consequence, the population is unevenly distributed. The average population density remains low at 20 persons per square kilometre. In the past, international migration had mostly been to South Africa to work in the mines there and to other neighbouring countries with whom the Mozambicans share cultural affinities.

9. One of the consequences of the civil war has been the huge movement of the population from rural areas affected by the war to the relatively safer cities and district administrative centres. It is estimated that there were about 4.5 million displaced persons within the country and 1.5 million refugees outside the country by mid-1992, the majority of whom had returned to the country by mid-1994. These population movements have contributed to the substantial increase in the proportion of the population living in urban areas: from 7 per cent in 1960 to 13 per cent in 1980 and to an estimated 27 per cent in the mid-1990s.

10. Social, health and economic situation. Between 60 and 70 per cent of the population is considered to be living in absolute poverty, with an even higher percentage in rural areas. Only about 43 per cent of the population 15 years of age and over is literate (58 per cent of males, 30 per cent of females). Over half of the children of school age are not in school, and an estimated 42 per cent of the educational infrastructure was destroyed during the war.

11. The 15-year war and the ensuing economic crisis have had a severe impact on the health system. Between 30 and 40 per cent of rural health units have been destroyed or rendered dysfunctional. The staff delivering health care services is overwhelmingly concentrated in urban areas so that only 40-50 per cent of the population had access to health care services in 1992. Prenatal coverage (one visit) reaches about 57 per cent of the population; only 40 per cent of all deliveries are attended by trained personnel; and the quality of this care is very poor. Reported use of modern methods of female contraception is broadly estimated nationally at 3 per cent and at 21 per cent for Maputo, the capital. Contraceptive prevalence is certainly somewhat higher, since these figures do not include sterilization or the use of condoms, for which reliable information is not available.

12. Extreme poverty and difficult socio-economic conditions are exacerbated by a high level of preventable infectious diseases. Food security is a major concern, and anaemia and malnutrition among women of reproductive age and children are frequent. Potable water is available in only about 22 per cent of the rural areas, and urban water and sanitation systems are inadequate to cope with urban growth. Consequently, the country's health indicators are among the worst in the world, with the infant mortality rate estimated at 136 per 1,000 live births and the under-five mortality rate at 273 per 1,000 live births. Current maternal mortality is estimated to be as high as 1,095 per 100,000 live births. Life expectancy at birth is currently estimated at 46.8 years for both sexes.

13. In contrast with most neighbouring countries, Mozambique is still in the initial phases of the AIDS epidemic. The latest official figures indicate 1,500 cases of AIDS and more than 200,000 cases of HIV-infected persons. HIV infection is more frequent in areas bordering countries with higher prevalence rates. The return home of refugees, displaced households and demobilized troops from areas with relatively high prevalence rates is a major concern.

14. Although women play an important role in the national economy, especially in the agricultural sector, their socio-economic status remains extremely low. Women do not have decision-making powers over important aspects of their lives, including whether or not to practice family planning. The civil war is considered to have had greater negative consequences for women than for men: for instance, family dislocations increased the number of de facto households headed by females who had to provide for themselves and their families. The end of the war also produced newly vulnerable groups of women, such as those left behind by demobilized soldiers who returned to their original families.

15. In order to reverse the economic decline that has taken place since the early 1980s, the Government introduced an Economic Action Programme in 1984, followed by a more comprehensive Economic Rehabilitation Programme (PRE) in 1987, with the support of the World Bank, the International Monetary Fund (IMF) and a broad spectrum of multilateral and bilateral donors. The PRE included both stabilization policies and structural adjustment reforms aimed at moving the centrally planned economy towards a market-based one. The PRE became the Economic and Social Rehabilitation Programme (PRES) in 1989, with a greater emphasis on poverty alleviation.

16. There has been some improvement in the country's economic performance since 1987 (with a downturn in 1991-1992 because of a very severe drought) thanks to a large inflow of international aid. With the return of peace in October 1992, the Government intensified its efforts towards revamping

the economy and improving living conditions. The immediate priorities of the Government are sustaining the peace; resettling and reintegrating refugees and displaced persons; demobilizing combatants and reintegrating them into society; reconstructing the damaged social and economic infrastructure; improving the delivery of health and education services; reducing poverty; promoting the private sector; and continuing the macro-economic reforms started in 1987.

17. Population and development infrastructure. In 1991, the Government created a Population and Planning Unit (PPU) within the National Planning Commission to, among other things, formulate an explicit national population policy and to ensure the integration of population factors into development plans and programmes. The Government is considering the establishment of a National Council on Population and Development as a high-level policy-making body. In addition, it has also produced a Policy Framework Paper (1994-1996). This is a three-year rolling plan that is sometimes taken to be the substitute for a wider planning document or "development plan". Its objectives include promoting child-spacing within the context of maternal and child health care programmes, continuing support for the formulation of a population policy and resettling refugees and displaced persons.

18. It must be noted, however, that the views of senior government officials about population issues are not uniform. Only some leaders are aware of the pressure exerted by the nation's population distribution and growth rate on the demand for such services as education, health, housing, employment and food supply. Much effort will be required, therefore, to create the consensus needed to incorporate population factors into national development plans and to adopt a national population policy.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

19. The first UNFPA programme of assistance to Mozambique (1979-1983, later extended to 1985) was approved for $9 million but was subsequently scaled down to $6.2 million; a total of $5 million had been expended by the end of the programme period. The second UNFPA programme of assistance (1986-1990) totalled $6 million, $4 million of which was to be provided from UNFPA regular resources. This programme was more comprehensive than the first, and expenditures totalled $5.2 million by the end of the programme period. There was a one-year bridging period (1991) during which $1 million was allocated.

20. The third and current UNFPA programme of assistance, covering 1992-1994, is in the amount of $8 million ($5 million from UNFPA regular resources). The three-year period was chosen because it was hoped that the country would be able to return to peace by the end of the programme. Total expenditures are expected to reach $4.2 million from regular resources and $0.5 million from multi-bilateral sources.

21. Prior programme strategies have emphasized training and human resource development; support to the National Planning Commission in developing a population policy; and consolidating the management capacity of the maternal and child health and family planning (MCH/FP) programme at the central and provincial levels while preparing to consolidate and expand MCH/FP activities at the district level in the future.

22. In general, considering the country's situation, the programmes have helped to create awareness among the country's leaders of the crucial role that population factors play in national planning and family well-being; to develop at least a rudimentary urban MCH/FP network; to adopt a policy of spacing births; and to create a capacity to carry out certain data-collection activities. However, UNFPA's third programme of assistance was hampered by the country's socio-economic and political situation, the destruction of a large part of the infrastructure and the critical shortage of trained personnel.

Maternal and child health and family planning

23. UNFPA support for national MCH/FP activities dates from 1978. Training activities commenced in 1981, with the first course for MCH nurses, and this was followed by courses for elementary midwives. A major achievement was the support given to the Government in developing and adopting a comprehensive national MCH/FP programme in 1983. The second country programme extended and consolidated training activities and supplied contraceptives and medical equipment. These advances were wiped out by the intensification of the war from 1984 until 1989, and most provincial advisers were phased out. UNFPA has been the only supplier of Depo Provera, while USAID supplied the majority of oral contraceptives and intra-uterine devices (IUDs) from 1992 to 1994, with small quantities coming from the International Planned Parenthood Federation (IPPF).

24. The current programme includes an ambitious project to train staff in MCH/FP services and to strengthen the Ministry of Health's institutional capacity to deliver and manage MCH/FP programmes. However, the project has suffered from many problems, including: inadequacies in project design, ceilings imposed on expenditures, delayed recruitment and changes of international staff, and the choice of the Ministry of Health as executing agency, which complicated and delayed programme administration.

25. Given these shortcomings and the damage to the health-care infrastructure caused by the war, coverage levels achieved in prenatal care and in contraceptive prevalence are actually quite impressive, especially since only about 40-50 per cent of the population has relatively easy geographic access to MCH/FP services. Unfortunately, the quality of the care provided is substandard. UNFPA assistance helped the country complete its first medium-level course for MCH nurses, who graduated in April 1994; train and retrain traditional birth attendants (TBAs); provide in-service training for MCH nurses and MCH nurse-supervisors; and develop curricula for MCH/FP training courses.

26. By the end of 1994, activities in the area of MCH/FP will have absorbed $1.8 million of the $2.0 million originally envisaged. These activities further benefited from $660,000 in multi-bilateral assistance provided by Austria and Denmark.

Information, education and communication

27. UNFPA-supported activities in the area of population communication concentrated on family life education (FLE), which was extended through the organized labour sector and rural cooperatives and implemented by the Institute for Social Communications. An evaluation conducted in 1993

indicated some weaknesses in project design and execution and highlighted the need for expertise in developing IEC materials and relevant messages as well as in programme management. However, IEC activities did achieve some of their goals in reaching relevant beneficiaries. A consolidation phase was recommended, and this was begun in 1994. This interim phase (1994-1995) focuses on developing culturally relevant messages and on training personnel in communication techniques. By the end of 1994, total expenditures for activities in the IEC sector had amounted to $400,000 of the $1.0 million originally envisaged.

Data collection and analysis

28. It proved impossible to conduct the scheduled population census in 1990 because of the war. The need for recent population data was partially fulfilled by undertaking a National Demographic Survey (NDS) in urban and accessible rural areas in November 1991. The NDS was co-funded by the Government, UNDP and UNFPA and also received some support from Sweden and UNICEF. The data were published and used as a basis for new population estimates and projections. The project also provided assistance for some cartographic activities in preparation for the next census. Furthermore, the survey provided training for the staff of the Statistical Office and helped to identify potential obstacles in undertaking a large data-collection exercise. Since the project ended in June 1994, the Fund has approved a bridging cartography project in preparation for the 1997 population census.

29. The total amount committed to this sector ($500,000 from UNFPA regular resources and $300,000 from other resources) will be spent by the end of the current programme.

Population dynamics

30. UNFPA has been funding the Department of Geography of the Eduardo Mondlane University since 1986. The University has succeeded in introducing demography into several curricula, in providing long-term training of several Mozambicans, in establishing a specialized library dealing with the topic of population, and in participating in population awareness creation. The University has, however, not been able to formulate and develop a population research programme, although this had been one of the principal objectives. The reasons include weak project design, the lack of a research tradition and of a developed institutional framework for research, as well as the scarcity of trained research personnel.

Population policy formulation

31. Activities in this sector aim at developing the Population and Planning Unit's technical capacity and at creating a basis for integrating population factors into development planning and for formulating a national population policy. The Population and Planning Unit has played important roles in increasing the recognition of the importance of population for sustained development and in establishing a multisectoral coordinating and consultation mechanism among government organizations. The project has also provided assistance to conduct research to support policy formulation including the resettlement of refugees and displaced persons and has trained nationals in various aspects of

population and development. By the end of 1994, UNFPA expenditures in this sector amounted to approximately $620,000.

Women, population and development

32. The past programme envisaged the continuation and expansion of support to the "Circles of Interest" of the Organization of Mozambican Women (OMM) as a way to increase women's participation in social and economic development. (The Circles of Interest are informal groups engaged in social and economic development activities.) An independent evaluation of the UNFPA-funded activity in this area indicated that it had suffered from many shortcomings, including weak management, a top-down design that has discouraged initiative and the poor technical quality of FLE messages. On the positive side, 31 director/monitors have trained over 600 activists, who in turn have transmitted FLE messages to their communities. It is generally acknowledged that the Circles of Interest are potentially vital institutions for stimulating positive socio-cultural change at the grass-roots level.

33. By the end of the programme cycle, UNFPA will have contributed $400,000 for women, population and development activities. In addition, Sweden has provided technical expertise.

Other external assistance

34. It is difficult to quantify the contributions to population activities made by all multilateral and bilateral agencies and NGOs because there are more than 200 such agencies active in the country, most of them involved in emergency relief activities and working in diverse areas that only indirectly impact on population processes.

35. UNDP provided $280,000 for the 1991 National Demographic Survey and for population and development planning activities. UNICEF has continuously provided support for MCH activities, with special emphasis on the needs of children. It has also directly supported UNFPA-funded projects ($850,000 in 1990-1994) and has undertaken some related activities. The World Food Programme (WFP) has contributed food in support of the training of MCH/FP nurses, and for health monitors and activists of the OMM, both under UNFPA-funded projects.

36. USAID has allocated $29.5 million to Mozambique for health and population programmes for the period 1991-1994 and assumed responsibility for the supply of all types of contraceptives except injectables. It provided technical assistance for the National Demographic Survey and is currently assisting with preparations for the 1997 census. Denmark has allocated $6 million for MCH/FP activities for the period 1993-1996 and has contributed $450,000 for UNFPA's ongoing MCH/FP project. Norway supports the STOP AIDS project implemented by the local IPPF affiliate. Austria has contributed $221,000 for UNFPA's MCH/FP project. Sweden, besides contributing staff for the OMM activities mentioned above, also gave some support for the National Demographic Survey. The European Union provided a grant of more than $500,000 for research on the displaced population. Switzerland provides assistance for the training of TBAs.

37. IPPF provides some contraceptive commodities and also supports population IEC for adolescents. Its cumulative grant was $900,000 up to the end of 1990, followed by $260,000 in 1991 and $280,000 in 1992. Family Planning International Assistance (FPIA) had provided a total cumulative grant of $150,000 for family planning commodities as of June 1990.

IV. PROPOSED PROGRAMME 1995-1997

38. The proposed programme is designed to synchronize UNFPA's programme cycle with those of its partner organizations in the Joint Consultative Group on Policy (JCGP). The period of the programme will also coincide with the country's first years of multi-party democratic government and with the first phase of the National Reconstruction Plan that focuses on the rehabilitation and resettlement of refugees and displaced persons.

39. The immediate objectives of the programme are: (a) to improve the quality and range of RH/FP services by training health personnel at the national level and by strengthening managerial and supervisory capacity in one pilot province; (b) to strengthen the country's capacity to carry out population IEC activities and in particular to start a campaign aimed at sensitizing opinion leaders, decision makers and the population at large to the benefits of reproductive health care and family planning and to the importance of increasing women's participation in social and economic development; (c) to expand and improve the knowledge and database on population and gender issues; (d) to formulate a gender-sensitive national population programme and a draft population policy and to begin to create consensus in favour of its adoption; and (e) to enhance the institutional and technical capacity of the Organization of Mozambican Women (OMM) at the central level and to strengthen and increase the number of its Circles of Interest in the rural areas of one pilot province.

40. To achieve these objectives the proposed programme would: (a) concentrate the bulk of its activities in only one pilot province and to selected agencies at the central level; (b) help strengthen relevant institutional and technical capacities with emphasis on human resource development and training, especially of females; and (c) foster increased coordination of population, gender and related activities in the country and collaboration between national institutions, NGOs and donor agencies.

41. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD) which was endorsed by the General Assembly through its resolution 49/128; that is, that human beings are at the centre of concerns for sustainable development (principle 2 of the Programme of Action); that population-related goals and policies are integral parts of cultural, economic and social development, the principal aim of which is to improve the quality of the life of all people (principle 5); that advancing gender equality and equity and the empowerment of women, and the elimination of all kinds of violence against women, and ensuring women's ability to control their own fertility, are cornerstones of population and development-related programmes (principle 4); that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (principle 8); that reproductive health-care programmes should provide the widest range of services without any form of coercion (principle 8); and that the principle of informed free choice

is essential to the long-term success of family-planning programmes; that any form of coercion has no part to play; that governmental goals for family planning should be defined in terms of unmet needs for information and services; and that demographic goals, while legitimately the subject of government development strategies, should not be imposed on family-planning providers in the form of targets or quotas for the recruitment of clients (chap. VII, para. 12 of the Programme of Action).

Reproductive health care and family planning

42. UNFPA would continue to strengthen the national training capacity in the RH/FP sector in order to support the training of midwives and MCH nurses, at both the basic and middle levels. This would include improving the counselling skills of service providers and furnishing appropriate education and information materials. In addition, the proposed programme would seek to strengthen the management and supervision of MCH/FP services and to improve the logistics management of contraceptive supplies.

43. At the central level, UNFPA support would concentrate on: (a) continuing formal training courses in RH/FP for nurses and promoting a new commitment to train trainers in higher level nursing and training skills, including providing a suitable incentive system to retain the nationals being trained; (b) providing technical assistance to develop job descriptions, manuals, service guidelines and curricula to improve the education methodology, and to revise the contraceptive logistics and management system and the RH/FP health information system; (c) train doctors, nurses and surgical technicians in RH/FP techniques in order to develop the types of skills needed at the level of first referral; and (d) providing injectable contraceptives nationwide, estimated to cost $500,000 for the three-year period.

44. The RH/FP activities undertaken in the pilot province would be closely linked with, and draw important complementary support from, the activities in IEC; gender, population and development; and population and development planning. UNFPA support would concentrate on improving the counselling skills of service providers and strengthening the management skills and supervisory capabilities of programme managers at the provincial and district levels. The proposed programme would also seek to increase the awareness of the population of the availability and health benefits of family planning and reproductive health measures and to expand the knowledge base of various aspects of reproductive health, with special focus on the causes and consequences of adolescent fertility and adolescent pregnancies.

45. The amount of $3.4 million is proposed for RH/FP activities, of which $2.9 million would be allocated from regular resources and $500,000 would be sought from other sources, including multi-bilateral sources.

Information, education and communication

46. Non-formal sector. UNFPA proposes to support the Institute for Social Communications at the central level so that it can develop a leadership role in carrying out communication activities on population and the environment. Assistance to the Institute would be provided in the following areas: (a) technical assistance and equipment to develop messages, materials and quality control for projects

and activities in population IEC; (b) training for staff, both abroad and on the job, in social communication and population IEC skills; and (c) technical assistance in helping other institutions, such as the School of Journalism, in incorporating population information and communication and gender issues into their own training programmes.

47. At the local level, the Fund would assist the local delegations of the Institute in carrying out IEC activities at provincial and district levels by training personnel, providing technical assistance and equipment for research and developing IEC materials. The experiences in the pilot province will be used as a basis for expanding activities to other provinces in subsequent country programmes.

48. Formal education sector. UNFPA would continue to provide support to the Government at the central level for the revision of the primary education curriculum to include population and family life education through the implementation of the Basic Education Master Plan. UNFPA would also assist the Government, through the National Institute for Education Development (INDE), to continue the testing of population educational materials, developed in previous programmes, in selected schools of the pilot province.

49. The total amount of $1.5 million is proposed for population IEC activities, of which $1.3 would be allocated from UNFPA's regular resources.

Data collection and analysis

50. The proposed programme would provide assistance at the national level for cartographic work and other preparatory activities for the 1997 national population census, including the mobilization of resources for conducting the census. The total amount of $4.3 million is proposed for these data collection activities, of which $400,000 would be provided from regular resources. UNFPA would seek to provide the balance of $3.9 million from other sources, including multi-bilateral sources.

Population dynamics

51. The proposed programme would provide assistance to the Eduardo Mondlane University for the institutionalization of research and training in population and related areas through the development of a multi-disciplinary Population Research and Training Centre. Such assistance would concentrate on: (a) developing a policy-oriented and gender-sensitive population research programme; (b) providing fellowships for training in population and development; (c) motivating students to undertake relevant research activities by providing scholarships; and (d) disseminating relevant research findings. The total amount of $700,000 is proposed for these activities, of which $600,000 would come from UNFPA's regular resources.

Population policy formulation

52. At the central level, UNFPA would continue its support to enhance the institutional and technical capacities of the Population and Planning Unit (PPU) within the National Population Commission. The following activities would be emphasized: (a) providing on-the-job training for the

staff of the PPU in integrating population factors into sectoral development plans and programmes; (b) reviewing the Unit's legal and organizational structure, with a view to enabling it to make, and implement, policy decisions concerning population matters; (c) establishing working groups to help develop guidelines for formulating the national population policy; (d) carrying out activities to sensitize politicians and other influential persons on the implications of the population situation, especially on the role that women play in the development process; and (e) providing technical assistance to strengthen the capacity of the Technical Committee of the PPU for coordinating population activities.

53. Technical assistance would be provided to the Provincial Planning Commission in the pilot province to help it coordinate all UNFPA-funded population activities at the provincial level as well as the population activities of the Government and NGOs. A total amount of $1.2 million is proposed for activities in this sector, of which $900,000 would be provided from UNFPA's regular resources.

Gender, population and development

54. At the central level, UNFPA would provide assistance to train key persons of the Organization of the Mozambican Women in programme management as a way of enhancing the institution's technical capacity. Efforts to strengthen the OMM's Circles of Interest and to increase their number in rural areas would be concentrated in the pilot province. These activities would be coordinated with the other UNFPA-funded activities, especially those for RH/FP and IEC in the pilot province. UNFPA assistance in this pilot province would concentrate on: (a) improving the facilities of the Circles of Interest; (b) strengthening the management, monitoring and evaluation of project activities to better meet the needs of the participating women; (c) increasing the awareness of the directors/monitors and activists of the benefits of RH/FP as well as improving their skills for distributing FLE messages throughout their communities; (d) promoting realistic income-generating activities for members of the Circles of Interest in collaboration with local NGOs; and (e) conducting operational research on attitudes, beliefs and practices that constrain women's autonomy and decision-making.

55. A total amount of $700,000 is proposed for activities in the area of gender, population and development, of which $500,000 would come from UNFPA's regular resources.

Programme reserve

56. An amount of $300,000 has been set aside in the programme reserve to cover unforeseen activities falling within the framework of the proposed programme. The implementation of this programme will require additional support personnel in the field office. The incorporation of two administrative clerks for the duration of the programme is envisaged, with a total cost of approximately $70,000.

Programme coordination

57. The UNFPA field office would assist the Technical Committee of the Population and Planning Unit in coordinating the activities of implementing and executing agencies and monitoring the implementation of the programme. A programme coordinator would be appointed in the pilot province

to work in close collaboration with provincial authorities and to report to the Technical Committee of the PPU and the UNFPA field office. UNFPA would also continue to promote coordination through dialogue with other United Nations organizations (especially UNDP and UNICEF) and with major resident bilateral donor agencies.

Programme monitoring, evaluation and management

58. A review of the programme and updating of the strategies would be conducted in early 1997 in order to develop the country programme covering the period 1998-2001. Progress reports, annual tripartite review meetings and independent evaluations of activities would be required in order to monitor the programme. The Population and Planning Unit as well as coordinators of all UNFPA-supported activities would be encouraged to participate in these tripartite reviews. The UNFPA Country Director would be responsible for programme management.

Financial summary

59. UNFPA would provide assistance in the amount of $12.1 million, of which $6.9 million would be committed from UNFPA regular resources. If UNFPA's funding situation permits, the balance of up to $5.2 million may be provided by UNFPA. If and to the extent this is not possible, UNFPA would seek to cover the shortfall from other sources, including multi-bilateral sources. The table below shows how the programme would accommodate the two levels of funding:

	UNFPA regular resources $	Other resources $	Total $
Reproductive health and family planning	2,900,000	500,000	3,400,000
Information, education and communication	1,300,000	200,000	1,500,000
Data collection and analysis	400,000	3,900,000	4,300,000
Population dynamics	600,000	100,000	700,000
Population policy formulation	900,000	300,000	1,200,000
Gender, population and development	500,000	200,000	700,000
Programme reserve	300,000	-	300,000
TOTAL	6,900,000	5,200,000	12,100,000

V. RECOMMENDATION

60. The Executive Director recommends that the Executive Board approve the programme for Mozambique as presented, subject to the availability of resources, and authorize the Executive Director to make the necessary arrangements for its management, funding and execution.

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